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P O BOX 450777 WESTLAKE, OF		13	PADEMARK	Erin M. Thompson		(Depositor's name)
W BOT BITTED, OTT TITTED				Erim M. Thompson		(Signature)
		X.		July 8	, 2010	(Daic)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/789,858	10/789,858 02/27/2004		Julio Casanova		SP-1785.1US	8485
TITLE OF INVENTION:	MODULAR BATTER	Y PACKAGE				
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISSUI	E FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	09/27/2010
EXAMIN	NER	ART UNIT	CLASS-SUBCLASS			
PAGAN, JENINE MARIE		3728	206-705000			
1. Change of corresponden CFR 1.363).	ce address or indication	n of "Fee Address" (37	2. For printing on the	ne patent front page, lis	il Puggel	1 U Town I
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having one a member of a member of a single firm (having one a member of a member of a member of a single firm (having one a member of a membe			
Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.						
3. ASSIGNEE NAME AN			**	76.7		
PLEASE NOTE: Unles	s an assignee is identi in 37 CFR 3.11. Comp	ified below, no assigned	data will appear on the	e patent. If an assign	ce is identified below, the d	ocument has been filed fo
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed frecordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Eveready Battery Company, Inc. St. Louis, Missouri						
Please check the appropriat	te assignee category or	categories (will not be p	rinted on the patent):	☐ Individual 🖾 Co	erporation or other private gre	oup entity Governmen
4a. The following fee(s) are ⊠ Issue Fee			4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.			
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	·····		overpayment, to D	cposit Account Number	$\frac{1}{100}$ $\frac{1}{100}$ $\frac{1}{100}$ $\frac{1}{100}$ $\frac{1}{100}$ $\frac{1}{100}$ $\frac{1}{100}$	n extra copy of this form).
5. Change in Entity Status a. Applicant claims S	SMALL ENTITY status	s. Sec 37 CFR 1.27.			LL ENTITY status. See 37 Cl	
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Authorized Signature		CJC.Y.		Date	1X010	

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